

Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director and State Health Officer

Governor Dave Freudenthal

No Medication Assistance
WILL NOT ASSIST WITH ANY MEDICATION ASSISTANCE

This form verifies that I have chosen not to assist with any type of medication (prescription or over-the-counter) for any participants who do receive medication. Therefore, at this time I choose not to complete the Division's training on medication assistance.

Should I decide later, to provide any type of medication assistance to a participant, I will contact the Survey/Certification staff to schedule and acquire the training to do so. I understand that because this training is available only periodically, this may result in a delay of my ability to serve participants that may need medication assistance.

Although I am not assisting participants with medication, I understand that:

- I must follow the Individual Plan of Care (IPC) as written, and document services as directed.
- I am responsible for acknowledging to Waiver participants, families, and team members that I will not provide medication assistance.

I understand by assisting participants with medications at anytime, without meeting the additional state requirements, I and/or my organization will be considered in non-compliance, which will result in certification suspension or revocation pursuant to Wyoming Medicaid rules, Chapter 45, Provider Certification and Sanctions. This may include the recovery of funds I have already received by the Office of Health Care Financing (Medicaid).

Provider's name (please print)

Physical address of provider

City, State, Zip Code

Provider's Signature

Date

07-01-09

Developmental Disabilities Division

6101 Yellowstone Road, Suite 186E • Cheyenne WY 82002

E-Mail: ddmail@health.wyo.gov • WEB site: <http://www.health.wyo.gov/DDD/index.html>

Phone (307) 777-7115 • Toll Free (1-800) 510-0280 • Fax (307) 777-6047 • TTY (307) 777-5578